### **UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF MICHIGAN**

## **COVER SHEET FOR AMENDMENTS**

Case	Name:	Ricky Carl Nea Debra H Neal	I		Case No.:	16-47109			
DESC	RIBE INFO	ORMATION BE	NG AMENDED BY	CHECKING APPLICABLE	BOX(ES) BE	LOW:			
	DESCRIBE INFORMATION BEING AMENDED BY CHECKING APPLICABLE BOX(ES) BELOW:  Amendment to Petition:								
			ailing Address □ Ali	20					
	<ul><li>□ Name □ Debtor(s) Mailing Address □ Alias</li><li>□ Signature □ Complying with Order Directing the Filing of Official Form(s)</li></ul>								
_ c.	_ •	,	· ·	Certain Statistical Informat	` '				
	•	of Financial Affa		Sertain Statistical informat	11011				
		and List of Cred							
✓ S			aitors.						
	Schedul		or O Cobodulo C						
	Schedul		or 2 Schedule C	<b>5</b> / <b>5</b> !					
	'	_	dule D   Schedule		P4 1				
		creditor(s), prov 8 <b>1.00 Fee Requ</b>		tor already on the List of Cre	editors, chanç	ge amount or classification of			
	☐ Cha	nge address of a	a creditor already on	the List of Creditors - No Fe	ee Required				
	Schedule	e G							
	Schedule	e H							
<b>√</b>	Schedule	e I							
<b>√</b>	Schedule	e J							
	Schedule	e J-2							
N	OTE: Use	Page 2 for any	corrections or add	itions to the List of Credito	ors.				
		ails of Amendm							
, taar	iioiiai Bote								
	DECLA	RATION OF AT	TORNEY: I declare	that the above information	n contained	on this cover sheet may			
	be relie	d upon by the	Clerk of the Court a	as a complete and accurate					
	contain	ed in the docu	ments attached.	·					
Date	00 004	_	Signature						
Janua	ary 20, 2017		/s/ John Robert Key		hat I have re	ad this cover sheet and			
	AFFIRMATION OF DEBTOR(S): I declare under penalty of perjury that I have read this cover sheet and the attached schedules, lists, statements, etc., and that they are true and correct to the best of my								
	knowledge, information and belief.								
Date			Signature						
	ary 20, 2017	,	/s/ Ricky Carl Neal						
Date	ary 20, 2017	,	Signature /s/ Debra H Neal						
Janua	ary 20, 2017		rai Debia II Neai						

## **CORRECTIONS TO THE LIST OF CREDITORS**

Use this section to make corrections to the name(s) and address(es) of any creditor(s) listed on the current schedules and List of Creditors.

PREVIOUS NAME/ADDRE	SS OF CREDITOR:	PLEASE CHANGE TO:
-NONE-		
	ADDITIONS '	TO THE LIST OF CREDITORS
Use this section to identify		e schedules and List of Creditors.
NAME OF CREDITOR:		
ADDRESS:		
-		
NAME OF CREDITOR:		
ADDRESS:		
-		
NAME OF CREDITOR:		
ADDRESS:		
- -		

FOR ADDITIONAL CORRECTIONS/ADDITIONS, COPY THIS SHEET AND CONTINUE.

2

Fill in this information	to identify your case:	
Debtor 1	Ricky Carl Neal	
Debtor 2 (Spouse, if filing)	Debra H Neal	
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF MICHIGAN	
	G-47109	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Form	1061	

# Official Form 106l

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Describe Employment				
1.	Fill in your employment information.		Debtor 1		Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Emplo	oyed	☐ Employed
	attach a separate page with information about additional	Employment status	☐ Not e	mployed	■ Not employed
	employers.	Occupation	Skilled	Trade	
	Include part-time, seasonal, or self-employed work.	Employer's name	Faurecia USA Holdings, Inc.		- <u>-</u>
	Occupation may include student or homemaker, if it applies.	Employer's address		gh Meadow Circle Hills, MI 48326	
		How long employed to	nere?	Six years	
	0: 5 ( !! 4! 4.1				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

		FOI DEDIOI I		iling spouse
2.	\$	4,453.35	\$	0.00
3.	+\$	2,538.85	+\$	0.00
4.	\$	6,992.20	\$_	0.00

MM / DD/ YYYY

7

8.

Yes. Explain:

16-47109 Debtor 2 Debra H Neal Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 6,992.20 0.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 1,665.71 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 0.00 5c. Voluntary contributions for retirement plans 5c. 413.59 \$ 0.00 5d. Required repayments of retirement fund loans 5d. 156.70 0.00 5e. Insurance 5e. 0.00 0.00 5f. **Domestic support obligations** 5f. 0.00 0.00 5g. Union dues 5g. 73.75 0.00 5h.+ 5h. Other deductions. Specify: \$ 0.00 0.00 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. 2,309.75 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 4.682.45 0.00 List all other income regularly received: Net income from rental property and from operating a business, 8a. profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8b. Interest and dividends 8h. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent 8c. regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. 0.00 0.00 8d. **Unemployment compensation** 8d. 0.00 \$ 0.00 8e. **Social Security** 8e. 0.00 0.00 Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8f. 0.00 0.00 Pension or retirement income 8g. 8g. 3,170.00 \$ 0.00 8h. Other monthly income. Specify: 8h.+ \$ 0.00 0.00 9. \$ Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 3,170.00 0.00 \$ 10. Calculate monthly income. Add line 7 + line 9. 10. \$ \$ 7,852.45 0.00 7,852.45 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 7,852.45 12. Combined

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Do you expect an increase or decrease within the year after you file this form?

monthly income

Fill in this inform	ation to identify.					
Debtor 1	nation to identify your case:  Ricky Carl Neal			Che	ck if this is:	
Debior 1	Ricky Carl Neal				An amended filing	
Debtor 2 (Spouse, if filing)	Debra H Neal				0	ving postpetition chapte the following date:
United States Ban	kruptcy Court for the: EASTERN	DISTRICT OF MICHIG	SAN		MM / DD / YYYY	
Case number (If known)	6-47109					
Official F	orm 106J					
Schedule	e J: Your Expense	es				12
information. If number (if kno	e and accurate as possible. If t more space is needed, attach wn). Answer every question. cribe Your Household					
1. Is this a jo	int case?					
□ No. Go	to line 2.					
■ Yes. Do	es Debtor 2 live in a separate	household?				
■□	No Yes. Debtor 2 must file Official F	Form 106J-2, Expenses	s for Separate Househ	old of De	btor 2.	
2. Do you ha	ve dependents?  \_No					
Do not list and Debto	Debtor 1 ■ Yes. Fill	out this information for ch dependent	Dependent's relation Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
Do not stat dependent			Stepdaughter cl	hild	18 months	□ No ■ Yes
			Stepdaughter cl	hild	4	□ No ■ Yes □ No
			Daughter		8	■ Yes
			Stepdaughter		20	□ No ■ Yes
expenses	repenses include of people other than and your dependents?  ■ No ∨es					
Estimate your expenses as of applicable date	es paid for with non-cash gov	cy filing date unless y filed. If this is a supp vernment assistance i	olemental <i>Schedule</i> J			
(Official Form	ch assistance and have includ 1061.)	led it on <i>Schedule I:</i> 1	rour income		Your expe	enses
	or home ownership expenses and any rent for the ground or lot		nclude first mortgage	4.	\$	0.00
If not inclu	ided in line 4:					
4a. Rea	estate taxes			4a.	\$	0.00
	erty, homeowner's, or renter's in	nsurance		4b.		0.00
4c. Hom	e maintenance, repair, and upke	eep expenses		4c.		150.00
	eowner's association or condom			4d.	·	0.00
<ol><li>Additional</li></ol>	mortgage payments for your	<b>residence,</b> such as ho	me equity loans	5.	<b>5</b>	0.00

Schedule J: Your Expenses 16-47109-tjt Doc 60 Filed 01/20/17 Entered 01/20/17 17:43:18 Page 5 of 7 Official Form 106J

Deb	otor 2	Debra H Neal	Case num	ber (if known)	16-47109
		_			
6.	Utilit		0-	Φ.	000.00
	6a.	Electricity, heat, natural gas	6a.		200.00
	6b.	Water, sewer, garbage collection	6b.		50.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	·	436.89
_	6d.	Other. Specify:	6d.		0.00
7.		and housekeeping supplies		\$	600.00
8.		Icare and children's education costs	8.		0.00
9.		ning, laundry, and dry cleaning	9.	·	150.00
		onal care products and services	10.		0.00
		cal and dental expenses	11.	\$	276.00
12.		sportation. Include gas, maintenance, bus or train fare.	12.	<b>c</b>	400.00
40		ot include car payments.		·	
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	·	50.00
		itable contributions and religious donations	14.	\$	0.00
15.	Insur				
		ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	¢	0.00
		Health insurance	15a. 15b.	·	
			15b. 15c.		0.00
		Vehicle insurance			324.67
40		Other insurance. Specify:	15d.	Φ	0.00
16.		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	16.	¢	204.22
		ify: Federal tax withheld from H pension	10.	φ	291.33
		ify: MI tax withheld from H pension		ф ———	134.72
		ify: Union dues withheld from H pension		ф ———	2.00
4-		ify: Medical insurance		\$	34.00
17.		Illment or lease payments:	170	œ	0.00
		Car payments for Vehicle 1	17a.	·	0.00
		Car payments for Vehicle 2	17b.		0.00
		Other. Specify:	17c.		0.00
40		Other. Specify:	17d.	<b>Description</b>	0.00
18.		payments of alimony, maintenance, and support that you did not report as acted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
19		r payments you make to support others who do not live with you.		\$	0.00
10.	Spec		19.	Ψ	0.00
20		r real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income	
_0.		Mortgages on other property	20a.		0.00
		Real estate taxes	20b.		0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.		0.00
		Homeowner's association or condominium dues	20e.	·	0.00
21		r: Specify: Education expenses for child tuition		+\$	80.00
		cloan repayment		+\$	550.00
		icle maintenance, license plates, etc.		+\$	150.00
		- prescriptions		+\$	75.00
		ool supplies		+\$	100.00
				+\$	
		bills and pet expenses		+\$	70.00
	Dau	ghter tuition		+Φ	445.00
22.	Calc	ulate your monthly expenses			
	22a.	Add lines 4 through 21.		\$	4,569.61
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	4,569.61
23.	Calc	ulate your monthly net income.			
_0.		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	7,852.45
		Copy your monthly expenses from line 22c above.	23b.	*	4,569.61
	_55.	Try year monary orported non-mile the above.	200.		7,000.01
	23c.	Subtract your monthly expenses from your monthly income.			
	-	The result is your monthly net income.	23c.	\$	3,282.84
		-		-	

Official Form 106J Schedule J: Your Expenses

page 2

Debtor 1 Debtor 2	Debra H Neal	Case number (if known)	16-47109
For e	rou expect an increase or decrease in your expenses within the year xample, do you expect to finish paying for your car loan within the year or do you expication to the terms of your mortgage?		e or decrease because of a
<b>■</b> Y	es. Explain here:		

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